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TO: U.S. Patent and Trademark Office

Examiner: Ahmed N. Sefer

Art Unit: 2826

DATE: September 9, 2003

FROM: Erin P. Madill

TIME: \_\_\_\_\_

TOTAL NO. OF PAGES, INCLUDING COVER: 15

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**MESSAGE:**

Patent Application No.: 09/943,094; Our Ref. 81751.0017

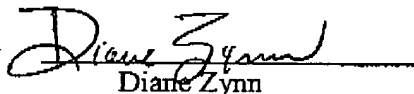
I hereby certify that the following documents:

- ☒ Amendment Transmittal
- ☒ Amendment

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

September 9, 2003

Date of Deposit

  
Diane Zynn

TELECOPY/FAX NUMBER: 703-872-9318 ART UNIT 2826

CLIENT NUMBER: 81751.0017

ATTORNEY BILLING NUMBER: 3606

CONFIRMATION NUMBER: 703-605-1227 (return fax to Diane Zynn)

FORM PTO-1083

Patent Application No. 09/943,094  
Attorney Docket No. 81751.0017

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Kazunobu KUWAZAWA

Serial No: 09/943,094

Filed: August 29, 2001

For: SEMICONDUCTOR DEVICE AND METHOD OF  
MANUFACTURING THE SAME

Art Unit: 2826

Examiner: Ahmed N. Sefer

Mail Stop Non-Fee Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	31	-20	31	0	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	3	-3	6	0	LG=\$84 SM=\$42	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$
Independent Claims: 1, 7, 14					TOTAL	\$ 0

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$\_\_\_ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
- ☐ A check in the amount of \$\_\_\_ to cover the extension fee is enclosed. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.By: Erin P. MadillErin P. Madill  
Registration No. 46,893  
Attorney for Applicant(s)Date: September 9, 2003  
Biltmore Tower  
500 South Grand Avenue, Suite 1900  
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OFFICIAL

Application No. 09/943,094  
Reply to Office Action of June 10, 2003  
Amendment Dated September 9, 2003

Attorney Docket No. 81751.0017

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
Kazunobu KUWAZAWA  
Serial No: 09/943,094  
Filed: August 29, 2001  
For: SEMICONDUCTOR DEVICE AND  
METHOD OF MANUFACTURING  
THE SAME

Art Unit: 2826  
Examiner: Ahmed N. Sefer

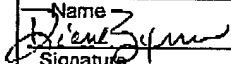
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872-9318:  
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Signature

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Date

AMENDMENT

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated June 10, 2003, please amend the  
above-referenced application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 8 of this paper.